

STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS

ACKNOWLEDGEMENT OF DUTIES OF ADDRESS VERIFICATION
AND REGISTRATION

NAME: Brown KEVIN PRISON NUMBER: 447840
SBI#: 56303PA FBI#: _____ DOB: 12/12/56
INTENDED RESIDENCE: 15 Raymond Av.
PLAINFIELD N.J.

Initials

1. KB I understand that I must verify my address with the Plainfield Police Department every year.
2. KB I understand that this verification must be in person and I must provide proof of that address, such as a letter or a bill.
3. KB I understand that if I served my sentence at the Adult Diagnostic & Treatment Center (Avenel), or if I was found to be a repetitive and compulsive sex offender, I must verify my address every 90 days.
4. KB I understand that if I move, I must notify Plainfield Police Department and the Police Department in the town where I intend to live, at least ten (10) days before I move. I must then re-register in my new town.
5. KB I understand that if I remain offense-free for fifteen (15) years from the date of conviction or release from prison, whichever is later, I may apply to the Superior Court to be relieved of my obligation to register.
6. KB I understand that I may be charged with Failure to Register 4th Degree, subjecting me up to 18 months in prison pursuant to N.J.S.A. 2C:7-2, if I fail to register, re-register or verify my address as required by law.
7. KB I understand that if I move to another State, I will be subject to any and all laws governing sex offender registration procedures.

I, J. Arman, have read the above seven (7) paragraphs to K. Brown
(Officer's Name) (Registrant's Name)
and provided a copy of the Acknowledgement.

Date: 8/13/07

Officer's Signature: [Signature]

Date: 8/13/11

Registrant's Name (Print): K. Brown

Registrant's Signature: x Kevin Brown

STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS

ACKNOWLEDGEMENT OF DUTIES OF ADDRESS VERIFICATION
AND REGISTRATION

NAME: Brown, Kevin PRISON NUMBER: 447846
SBI#: 5C3038A FBI#: _____ DOB: 12/12/56
INTENDED RESIDENCE: CAMDEN CNTY S.S. 600 MARKET ST.
CAMDEN N.J.

Initials

1. KB I understand that I must verify my address with the CAMDEN Police Department every year.
2. KB I understand that this verification must be in person and I must provide proof of that address, such as a letter or a bill.
3. KB I understand that if I served my sentence at the Adult Diagnostic & Treatment Center (Avenel), or if I was found to be a repetitive and compulsive sex offender, I must verify my address every 90 days.
4. KB I understand that if I move, I must notify CAMDEN Police Department and the Police Department in the town where I intend to live, at least ten (10) days before I move. I must then re-register in my new town.
5. KB I understand that if I remain offense-free for fifteen (15) years from the date of conviction or release from prison, whichever is later, I may apply to the Superior Court to be relieved of my obligation to register.
6. KB I understand that I may be charged with Failure to Register 4th Degree, subjecting me up to 18 months in prison pursuant to N.J.S.A. 2C:7-2, if I fail to register, re-register or verify my address as required by law.
7. KB I understand that if I move to another State, I will be subject to any and all laws governing sex offender registration procedures.

I, J. Amick, have read the above seven (7) paragraphs to K. Brown
(Officer's Name) (Registrant's Name)
and provided a copy of the Acknowledgement.

Date: 12/12/05

Officer's Signature: _____

Date: 12/12/05

Registrant's Name (Print): K. Brown

Registrant's Signature: Kevin Brown

RE-REGISTER

STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS

ACKNOWLEDGEMENT OF DUTIES OF ADDRESS VERIFICATION
AND REGISTRATION

NAME: Braun, Kevin PRISON NUMBER: 447840
SBI#: 563038A FBI#: _____ DOB: _____
INTENDED RESIDENCE: SAINTS PRISON MINISTRY
235 West Main St. Moorestown NJ

Initials

1. KB I understand that I must verify my address with the Moorestown Police Department every year.
2. KB I understand that this verification must be in person and I must provide proof of that address, such as a letter or a bill.
3. KB I understand that if I served my sentence at the Adult Diagnostic & Treatment Center (Avenel), or if I was found to be a repetitive and compulsive sex offender, I must verify my address every 90 days.
4. KB I understand that if I move, I must notify Moorestown Police Department and the Police Department in the town where I intend to live, at least ten (10) days before I move. I must then re-register in my new town.
5. KB I understand that if I remain offense-free for fifteen (15) years from the date of conviction or release from prison, whichever is later, I may apply to the Superior Court to be relieved of my obligation to register.
6. KB I understand that I may be charged with Failure to Register 4th Degree, subjecting me up to 18 months in prison pursuant to N.J.S.A. 2C:7-2, if I fail to register, re-register or verify my address as required by law.
7. KB I understand that if I move to another State, I will be subject to any and all laws governing sex offender registration procedures.

I, J. Amico, have read the above seven (7) paragraphs to _____
(Officer's Name) (Registrant's Name)
and provided a copy of the Acknowledgement.

Date: 12/17/05
Date: 12/13/05

Officer's Signature: [Signature]
Registrant's Name (Print): K. Braun
Registrant's Signature: [Signature]

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